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Pre-Vaccination Immunity Determines Effectiveness of Vaccines

By Bill Sardi
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Death due to influenza is over-reported. The Centers for Disease Control distributes a figure of 36,000 deaths a year from the flu. But data from the American Lung Association reveals flu-related deaths as low as a few hundred in a year in the U.S. (See chart below). The overstated deaths are believed to serve as promotion for vaccination campaigns.

The Cochrane Group, a global network of independent investigators, analyzes the validity of scientific evidence. In 2018 the Cochrane Group published an analysis of eight clinical trials involving over 5000 elderly participants in an effort to determine if vaccination prevents the flu. The analysis revealed 6% of unvaccinated seniors (they were given a placebo shot) were reported to have the flu compared to 2.4% of vaccinated individuals (58% relative reduced risk).

The problem is, 94% of senior adults in this study did not get the flu. So, the success of massive vaccination programs to inoculate millions to spare a few people from getting the flu is limited from the get-go. Thirty (30) people need to be vaccinated to prevent one person from experiencing flu symptoms.

So, at best, flu vaccines can only be 3.3% effective in preventing the flu. The CDC will "advertise" that studies like this one indicate flu shots are 58% effective (6.0% to 2.4% reduction in flu cases). So, in hard numbers, the public is led to falsely believe 58 out of 100 people will be protected from getting the flu if vaccinated. That idea is deceitful. It is actually 6 in 100 get the flu and 2.4 in 100 get the flu if vaccinated; 94 in 100 receive no benefit from vaccination because they remain healthy and uninfected, presumably because their immune system wards off any respiratory tract infection.

Remote chance flu vaccine saves lives

The chance that flu vaccination reduces risk for death is even more remote. In this study of 5000 senior adults, death occurred in 1 in 177 who received an inactive (placebo) vaccine and 1 in 184 who received the flu shot. So, 5.6 in 10,000 seniors would get the flu and be hospitalized and die if unvaccinated and 5.4 in 10,000 seniors would get the flu and die if vaccinated.

An analysis of 75 published studies by the Cochrane Group concluded there is uncertainty over the safety and effectiveness of flu vaccination in the elderly.

In 2016 the Cochrane Group published a study of 12,742 healthcare workers who care for older institutionalized adults (over age 60). The Cochrane evaluators concluded that vaccination of healthcare workers had little effect upon the number of elderly residents who developed laboratory-confirmed influenza.

Pre-vaccination immunity is predicator of vaccine effectiveness

A study published in 2015 shows that pre-vaccination immunity was the best predictor that vaccination would prevent the flu; 66.3% of adults over age 50 who were vaccinated did not develop adequate immunity.

What is the take-home lesson? Maintenance of the immune system is paramount.

According to conventional assessments of levels of immunity in populations at large, there are not sufficient antibodies to COVID-19 coronavirus to produce herd immunity. The world populations then must wait for a licensed vaccine. But antibodies are not the end-all measure of immunity.

> "The death rate is more a result of whether or not your population is immune prepared more than the particular strain of the virus." — Denis Rancourt, PhD, Ontario Civil Liberties Association

Most human populations are already immune

Antibodies are not being found to be a reliable measure of immunity. A number of studies now show that 20-50% of people with no known exposure to COVID-19 already exhibit immunity against this virus. This suggests vaccination would be almost meaningless to as much as half of the people.

Only a minority of people display antibodies against COVID-19. But (zinc dependent) T-memory cells, produced in the thymus gland, pre-exist and are ready to prevent COVID-19 infection in 20-50% of subjects.

Exposure à infection à disease NOT!

This means "exposure does not necessarily lead to infection, and infection does not necessarily lead to disease, and disease does not necessarily product detectable antibodies," says a report entitled "COVID-19: Do Many People Have Pre-existing Immunity?, in the British Medical Journal (BMJ).

Therefore, the percentage of a population needed to produce herd immunity is far lower when a significant portion are unable to transmit the virus, the BMJ report reveals.

An immunologist says: "If you lift lockdown you should see an immediate and commensurate increase in cases (and deaths), but that hasn't happened. That is just a fact!"

In Sweden, a study reveals 60% of family members of infected patients produced antibodies while 90% had T-cell activity.

T-cells finally getting publicity

The BMJ report bemoans that T-cells have received "scant attention" in news media. T-cells also facilitate long-lasting immunity.

Researchers concede that through vaccination, stimulation of antibodies and T-cells are hoped for to induce protective immunity.

Apparently, many people are already immune. The idea of mandated vaccination appears to be massive over-treatment given these realities.

Public health authorities and politicians are pre-committed to vaccination, have already pre-purchased billions of dollars of these vaccines, and are prematurely and overly committed to their use regardless of these facts. Stockpiling of unproven vaccines has already begun because politicians have pre-paid for them.

Rushed-To-Market Vaccines May Not Save Lives

Disease investigator Peter Doshi, speaking out in another volume of the British Medical Journal, says none of the trials of COVID-19 coronavirus vaccines are designed to prove whether these needle jabs reduce the likelihood of illness, hospitalization or death. None of the trials underway are fashioned to determine whether vaccines interrupt transmission of the virus.

LEADING VACCINES: WHAT ARE THEY STUDYING, EXACTLY?							
	Moderna	Pfizer	AstraZeneca (US)	AstraZeneca (UK)	Janssen	Sinopharm	Sinovac
Endpoints							
Prevention of symptomatic Covid-19	Yes	Yes	Yes	Yes	Yes	Presumed	Yes
Reduction in severe symptoms	No	No	No	No	No	No	No
Prevention of spread between people	No	No	No	No	No	No	No
Target volunteers	30,000	44,000	30,000	19,330	60,000	45,000	8,870
Ages eligible	18+	12+	18+	5-12 and 18+	18+	18+	18+
Children and teenagers	Excluded	Many excluded	Excluded	13-17 excluded	Excluded	Excluded	Excluded
Immunocompromised	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Pregnant or breastfeeding	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded

Doshi says a study may just show a vaccine reduces a symptom such a chronic cough and gain licensure, without reducing transmission, hospitalization or death.

In fact, these COVID-19 discoveries suggest the entire vaccine industry is propped by scientific ignorance of T-cell immunity.

The knowledge that T-cell immunity is dependent upon zinc, a trace mineral, suggests the public can protect themselves against all viruses and other infectious disease threats with an inexpensive, non-problematic, preventive remedy that is at hand.

Zinc along with vitamin D puts the brakes on (normalizes) the immune response to thwart an over-active immune (autoimmune) response.

Appropriately-dosed zinc lozenges, taken 5 times a day, preferably with a zinc ionophore like quercetin to facilitate entry into infected cells, are appropriate when sore throats, fevers, chronic cough and shortness of breath occur.

An authoritative report entitled "T-Cells Are The Superstars In Fighting COVID-19," posted at Children's Health Defense quotes Carsten Geisler, a prominent researcher at the University of Copenhagen, to say: "When a T cell is exposed to a foreign pathogen, it extends a signaling device or 'antenna' known as a vitamin D receptor, with which it searches for vitamin D," and if there is an inadequate vitamin D level, "they won't even begin to mobilize."

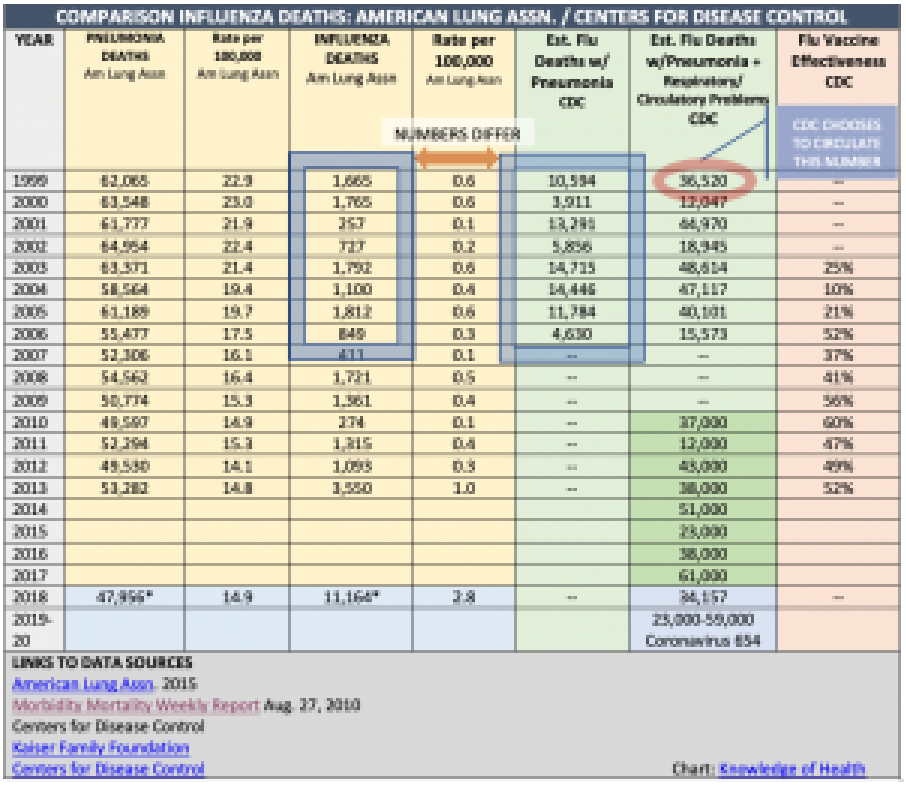
In other words, adequate vitamin D is critically important for the activation of T-cellsfrom their inactive naïve state.

Another lesson: the red wine molecule resveratrol binds to an activates the vitamin D receptor, a doorway for vitamin D to enter cells.

Very little if any of the information provided herein is getting to the masses. Public health authorities are solely committed to vaccination. It would be best to access Robert F.

Kennedy Jr.'s Children's Health Defense and the National Vaccine Information Centerfor accurate information about infectious disease and vaccines.

If considering vaccination, which will become THE major issue facing populations after the P model COVID-19 Vaccine Consent/Refusal Form by this author is available from Knowledge of Health, Inc. Proceeds go to the National Health Federation vaccine consent defense fund. Two copies of the 18-page consent/refusal form are available for $12.95 (shipping included). The consent form can be ordered online at www.covid19consent.com or by sending a check or money order for $12.95, payable to Knowledge of Health, Inc., 1502 Foothill Blvd, Suite 103, La Verne, California 91750.



COMPARISON INFLUENZA DEATHS: AMERICAN LUNG ASSN. / CENTERS FOR DISEASE CONTROL

YEAR	PNEUMONIA DEATHS Am Lung Assn	Rate per 100,000 Am Lung Assn	INFLUENZA DEATHS Am Lung Assn	Rate per 100,000 Am Lung Assn	Est. Flu Deaths w/ Pneumonia CDC	Est. Flu Deaths w/Pneumonia + Respiratory/ Circulatory Problems CDC	Flu Vaccine Effectiveness CDC
			NUMBERS DIFFER				CDC CHOOSES TO CIRCULATE THIS NUMBER
1999	62,035	22.9	1,665	0.6	10,594	36,520	--
2000	63,548	23.0	1,765	0.6	3,911	12,047	--
2001	61,777	21.9	357	0.1	13,291	44,970	--
2002	64,954	22.4	727	0.2	5,856	18,945	--
2003	63,371	21.4	1,792	0.6	14,715	48,614	25%
2004	58,564	19.4	1,100	0.4	14,446	47,117	10%
2005	61,189	19.7	1,812	0.6	11,784	40,101	21%
2006	55,477	17.5	849	0.3	4,630	15,573	52%
2007	52,306	16.1	411	0.1	--	--	37%
2008	54,562	16.4	1,721	0.5	--	--	41%
2009	50,774	15.3	1,361	0.4	--	--	56%
2010	48,587	14.9	274	0.1	--	37,000	60%
2011	52,294	15.3	1,215	0.4	--	12,000	47%
2012	49,530	14.1	1,095	0.3	--	45,000	49%
2013	51,282	14.8	3,550	1.0	--	38,000	52%
2014						51,000	
2015						23,000	
2016						38,000	
2017						61,000	
2018	47,956*	14.9	11,166*	3.8	--	84,157	--
2019-20						23,000-59,000 Coronavirus 854	

LINKS TO DATA SOURCES
American Lung Assn. 2015
Morbidity Mortality Weekly Report Aug. 27, 2010
Centers for Disease Control
Kaiser Family Foundation
Centers for Disease Control
Chart: Knowledge of Health

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